

CLAIMS ONLY

Application Number

Filing Date

10/69 7/310

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
1	1					
2	1					
3	1					
4						
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
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42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
Total Indep	4					
Total Depend	12					
Total Claims	16					

* May be used for additional claims or amendments

51	Indep	Depend	Indep	Depend	Indep	Depend
52						
53						
54						
55						
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99						
100						
Total Indep						
Total Depend						
Total Claims						